APPENDICES

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Reserved for future use.

Appendix B
Child Health Evaluation and Care (CHEC) Immunization Schedule

Recommended Childhood Immunization Schedule
United States - January through December 2001

Vaccines[1] are listed under the routinely recommended ages. Bars indicate range of recommended ages for immunization. Any dose not given at the recommended age should be given as a "catch-up" immunization at any subsequent visit when indicated and feasible. Shaded bars indicate vaccines to be given if previously recommended doses were missed or given earlier than the recommended minimum age.

AGE ▸ / VACCINE ▾	Birth	1 month	2 months	4 months	6 months	12[5] months	15 months	18 months	24 months	4 - 6 years	11 - 12 years	14 - 16 years
Hepatitis B [2]	Hep B -#1											
		Hep B -# 2			Hep B -# 3						Hep B [2]	
Diphtheria, Tetanus, Pertussis [3]			DTaP	DtaP	DTaP		DTaP [3]			DTP	Td	
H. *Influenzae* type b[4]			Hib	Hib	Hib	Hib						
Polio[5]			IPV	IPV	IPV[5]					IPV[5]		
Pneumococcal Conjugate [6]			PVC	PVC	PCV	PCV						
Measles, Mumps, Rubella						MMR				MMR[7]	MMR [7]	
Varicella[8]						Var					Var [8]	
Hepatitis A[9]									Hep A[9] in selected areas			

This schedule is based on the schedule approved by the Advisory Committee on Immunizations Practices (ACIP), theAmerican Academy of Pediatrics (AAP), and the American Academy of Family Physicisans (AAFP).

1 This schedule reflects recommendations approved by the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP). It indicates the recommended age for routine administration of currently licensed childhood vaccines as of 11/1/99. Additional vaccines may be licensed and recommended during the year. Licensed combination vaccines may be used whenever any components of the combination are indicated and its other components are not contraindicated. Providers should consult the manufacturers' package inserts for detailed recommendations.

2 Infants born to HBsAg-negative mothers should receive the 1st dose of hepatitis B (Hep B) vaccine by 2 months. The 2nd dose of hepatitis B (Hep B) vaccine should be at least one month after the 1st dose. The 3rd dose should be administered at least 4 months after the 1st dose and at least 2 months after the 2nd dose, but not before 6 months of age for infants.
Infants born to HbsAg-positive mother should receive hepatitis B vaccine and 0,5 mL hepatitis B immune globulin (HBIG) within 12 hours of birth at separate sites. The second dose is recommended at 1 month of age and the 3rd dose at 6 months of age.
Infants born to mothers whose HbsAg status is unknown should receive hepatitis B vaccine within 12 hours of birth. Maternal blood should be drawn at the time of delivery to determine the mother's HbsAg status; if the HbsAg test is positive, the infant should receive HBIG as soon as possible (no later than 1 week of age.) Ll children and adolescents (through 18 years of age) who have not been immunized against hepatitis B may begin the series during any visit. Special efforts should be made to immunize children who were born in or whose parents were born in areas of the world with moderate or high endemicity of hepatitis B virus infection.

3 The 4th dose of DTaP (diphtheria and tetanus toxoids and acellular pertussis vaccine) may be administered as early as 12 months of age, provided 6 months have elapsed since the 3rd dose and the child is unlikely to return at age 15-18 months. Td (tetanus and diphtheria toxoids, adsorbed, for adult use) is recommended at 11-12 yrs of age if at least 5 yrs have elapsed since he last dose of DTP, DTaP, or DT. Subsequent routine Td boosters are recommended every 10 yrs.

4 Three H. Influenzae type b (Hib) conjugated vaccines are licensed for infant use. If PRP-OMP (PedvaxHIB® or ComVax ®[Merck]) is administered at 2 and 4 months of age, a dose at 6 months is not required. Because clinical studies in infants have demonstrated that using some combination products may induce a lower immune response to the Hib vaccine component, DtaP/Hib combination products should not be used for primary immunization in infants at 2, 4, or 6 months of age unless FDA-approved for these ages.

5 To eliminate the risk of vaccine-related paralytic polio (VAPP), an all -IPV schedule is now recommended for routine childhood polio vaccination in the United States. All children should receive four doses of IPV at 2months, 4 months, 6-18 months, and 4-6 years. OPV (if available) may be used only for the following special circumstances:
1. Mass vaccination campaigns to control outbreaks of paralytic polio.
2. Unvaccinated children who will be traveling in <4 weeks to areas where polio is endemic or epidemic.
3. Children of parents who do not accept the recommended number of vaccine injections. These children may receive OPV only for the third or fourth dose or both; in this situation, health care providers should administer OPV only after discussing the risk for VAPP with parents or caregivers.
4. During the transition to an all-IPV schedule, recommendations for the use of remaining OPV supplies in physicians' offices and clinics have been issued by the American Academy of Pediatrics (see Pediatrics, December 1999).

6 The heptavalent conjugate pneumococcal vaccine (PCV) is recommended for all children 2-23 months of age. It also is recommended for certain children 24-59 months of age. (See MMWR. Morb Mortal Wkly Rep. Oct. 6, 2000/49 (RR-9); 1-35).

7 The 2nd dose of measles, mumps, and rubella (MMR) vaccine is recommended routinely at 4-6 years of age but may be administered during any visit, provided at least 4 weeks have elapsed since receipt of the 1st dose and that both doses are administered beginning at or after 12 months of age. Those who have not previously received the second dose should complete the schedule by the 11-12 year old visit.

8 Varicella (Var) vaccine is recommended at any visit on or after the first birthday for susceptible children, i.e. those who lack a reliable history of chickenpox (as judged by a health care provider) and who have not be immunized. Susceptible persons 13 years or age or older should receive 2 doses, given at least 4 weeks apart.

9 Hepatitis A (HepA) is shaded to indicate its recommended us in selected states (Utah is a selected state) and/or regions; consult your local public health authority. (Also see MMWR Oct. O1, 1999/48 (RR12); 1-37).

Appendix C

Child Health Evaluation and Care Recommended Schedule

	INFANCY							EARLY CHILDHOOD					LATE CHILDHOOD				ADOLESCENCE									
AGE [2] ▸ SERVICE ▾	2-3 D [1]	By 1 month	2 mon	4 mon	6 mon	9 mon	12 mon	15 mon	18 mon	24 mon	3 Y	4 Y	5 Y	6 Y	8 Y	10 Y	11 Y	12 Y	13 Y	14 Y	15 Y	16 Y	17 Y	18 Y	19 Y	20 Y
HISTORY Initial/Interval	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
MEASUREMENTS Height and Weight	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Head Circumference	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓																
Blood Pressure											✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
SENSORY SCREENING Vision	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
Hearing	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
DEVELOPMENTAL/ BEHAVIORAL ASSESSMENT [3]	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
PHYSICAL EXAM [4]	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
PROCEDURES Hereditary/Metabolic Screening [5]	⇦	✓																								
Immunization	Refer to ACIP guidelines described in Appendix B.																									
Hematocrit or Hemoglobin						✓	⇨	✓	⇨	⇨	⇨	⇨	⇨				⇦	⇦	✓	⇨	⇨	⇨	⇨	⇨	⇨	⇨
Urinalysis													✓				⇦	⇦	⇦	⇦	⇦	✓	⇨	⇨	⇨	⇨
PROCEDURES - Patients at Risk																										
Tuberculin Test							★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
Cholesterol										★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
STD Screening																	★	★	★	★	★	★	★	★	★	★
Pelvic Exam																	⇦	⇦	⇦	⇦	⇦	⇦	⇦	★	★	★
Blood Lead Level [6]							✓			✓																
ANTICIPATORY GUIDANCE	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
REFERRAL [7]							✓																			

KEY: ✓ = to be performed
★ = refer to CHEC Provider Manual for specific recommendations.
⇦ ⇨ = May be performed within this range.

Numbered footnotes are on the following page.

Appendix C

Footnotes

1. For newborns discharged in 24 hours or less after delivery, a well-baby exam should be done within 2 to 3 days of birth.

2. The listed ages are only recommendations. Individual children may require more frequent health supervision. If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up to date at the earliest possible time.

3. This implies a review of the child's mental health needs and development

4. At each visit, a complete physical examination is essential, with infant totally unclothed, older child undressed and suitably draped.

5. The first test should be performed before the infant leaves the hospital. The second test should be performed at 7 to 28 days of age.

6. Children from 6 to 72 months are at risk for lead poisoning. Conduct a verbal risk assessment at each visit. Complete blood lead level tests at 12 and 24 months and any time the verbal assessment indicates a risk of lead exposure.

7. Ideally, the initial dental referral should be made at 12 months. If appropriate dental providers are not available, make the initial referral at age 3 years. Complete an oral screening at each visit and make a referral any time dental problems appear. Remind the family at each visit about the importance of preventive dental care and good oral health.

Appendix D

Lead Toxicity Risk Assessment

Read each question and mark yes or no. Discuss your answers with your child's health care provider.	YES	NO
• Does your child live in or regularly visit a house built before 1960? Was his or her child care center/preschool/babysitter's home built before 1960? Does the house have peeling or chipping paint?		
• Does your child live in a house built before 1960 with recent, ongoing or planned renovation or remodeling?		
• Have any of your children or their playmates had lead poisoning?		
• Does your child frequently come in contact with an adult who works with lead? (Examples are construction, welding, pottery, or other trades practiced in your community.)		
• Does your child live near a lead smelter, battery recycling plant, or other industry likely to release lead? (**Ask your doctor if you have questions about industries in your area.**)		
• Do you give your child any home or folk remedies that may contain lead?		
• Does your home's plumbing have lead pipes or copper with lead solder joints?		
• Does your child live near a heavily traveled major highway where soil and dust may be contaminated with lead?		